BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

PGLD-POI-DOY

| . CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | OTHER THAN | |
|--|---|---|--------------|-------------------------------|--------------|------------------|-------|---------------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS | | | WWW. | | (Column 2) | | | TYPE | | OR | SMALL | |
| TOTAL CLAINS | | | 39 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 37 minus 20= | | 19 | | | X\$ 9= | 171.0 | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 3 mii | nus 3 = | Ø | | | X40= | | OR | X80= | |
| MUL | TIPLE DEPEN | DENT CLAIM PF | RESENT | | | | | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | ı | TOTAL | 576 | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | 300 |] • • • | OTHER | THAN |
| | | (Column 1) | | (Colur | | | | SMALL ENTITY | | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | 1 | +270= | |
| | | | | | | | L | TOTAL | | OR | TOTAL | |
| | | | | | | | | ADDIT. FEE | | OR | ADDIT. FEE | |
| | | (Column 1) CLAIMS | 1: | (Colui | | (Column 3) | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| N N | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * NTATION OF MI | Minus | *** | CLAIM | = | | X40= | | OR | X80= | |
| <u> </u> | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | |]= · | ſ | X\$ 9= | | OR | X\$18= | |
| ME | Independ nt | * | Minus | *** | | = | ŀ | X40= | | | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | | | ŀ | 7,10- | | OR | 7.00- | |
| * 12 | * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | OR | +270= | |
| ** If | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | |